

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 10:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA15000070290
 1. Corporation Name
ISLAND MARINA OF MARATHON, INC.

Principal Place of Business Mailing Address
5190 OVERSEAS HWY SAME
MARATHON FLA. 33050

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>9/26/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0616369</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D.	CHAPLIN, F. JAMES	5190 OVERSEAS HWY MARATHON	MARATHON FL 33050
D.	CHAPLIN, BETTE B.	5190 OVERSEAS HWY	MARATHON FL 33050

700002724067-3
 -12/28/98-01142700A
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>F. JAMES CHAPLIN</u> <u>5190 OVERSEAS HWY</u> <u>MARATHON FLA 33050</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN -- Date 12-18-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 12/18/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)

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December 17, 1998

Florida Dept. of State
Tallahassee, Florida


Dear Sirs:

I previously filed my Corporation Annual Report for 1998 on June 30, 1998 (copy attached). However, it was never received by the State of Florida. Since Hurricane Georges hit our area in September, 1998, it was not known until recently that the Corporation had been dissolved. Attached is an application for reinstatement.

I am attaching another check for \$150.00 and respectfully request that the normal reinstatement fee be reduced due to the above mentioned extraordinary circumstances.

Thank you for you cooperation in this matter.

Sincerely,



F. James Chaplin, Pres.
Island Marina, Inc.